Image# 26970115127

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructio	_	Office use only
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
BILL PAC			
ADDRESS (number and st	reet) 228 S. Washington S	st., Ste. 115	
X (Check if address is changed)	Alexandria		VA 22314
		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL Ilisker@hdafec.			
iliskei@ildalec.			
COMMITTEE'S WEB P	AGE ADDRESS (URL)		
		<u> </u>	
<u> </u>		1 1 1 1 1 1 1 1 1 1	
COMMITTEE'S FAX NO. 7036840683 2. DATE M. M. 0.3	JMBER		
3. FEC IDENTIFICAT	ION NUMBER	C C00412288	
4. IS THIS STATEME	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin Type or Print Name of T	ed this Statement and to the best of my kno	wledge and belief it is true, correct a	nd complete
Type of Time Name of T			
Signature of Treasurer	Electronically Filed by Jeff Reed	er	Date 03 / DD / YYYY
NOTE: Submission of fals	e, erroneous, or incomplete information ma	y subject the person signing this Sta	
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

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5.	PE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candidate Office Party Affiliation Sought: House Senate President	State District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	(d) This committee is a (or subordinate) committee of the Rep	mocratic, ublican,etc.) Party.				
	 (e) This committee is a separate segregated fund (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund 	d or party				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	u or party				
ŝ.	Name of Any Connected Organization or Affiliated Committee					
	None					
L						
	Mailing Address					
	CITY▲ STATE▲ Z	IP CODE				
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organizatio	n				
	Membership Organization Trade Association Cooperative					

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Write or Type Committee Name							
BILL PAC							
 Custodian of Records: Identify possession of Committee book 	by name, address, (phone number as and records.	optional), and position (of the person in				
Full Name Lisa Lisker	Lisa Lisker Full Name						
Mailing Address							
_	Alexandria		22314				
Title or Position ▼	CITY 🛦	STATE▲	ZIP CODE A				
Assistant Trea	surer	Telephone number	3 549 7705 				
name and address of any designation Full Name of Treasurer Mailing Address	address (phone number optional) gnated agent (e.g., assistant treasu	rer).					
_	Mercersburg		17236_ –				
Title or Position ▼	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number 717	<u>7 264 7811 </u>				
Full Name of Designated Agent Lisa Lisker							
Mailing Address	228 S. Washington St., S	te. 115					
_	Alexandria						
			22314				
Title or Position ♥	CITY A	STATE ▲	22314 ZIP CODE A				

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 						
	Wailing Address	achovia Bank 6565 Little River Turnpike				
		Alexandria VA 2	22312 _			
		CITY A STATE A	ZIP CODE 🛆			